WC-206 NOTICE OF INTENT TO BECOME A PARTY AT INTEREST

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

NOTICE OF INTENT TO BECOME A PARTY AT INTEREST

Instructions: Any group insurance company or other health care provider who has made payments on the employee's behalf or provided medical services and who wishes to be named a party at interest to obtain reimbursement for those expenses which have been paid, shall file this form with the State Board of Workers' Compensation, 270 Peachtree Street, N.W., Atlanta, Georgia 30303-1299.

Board Claim No.	Employee Last Name	Employee First Name	M.I.	Social Security Number	Date of Injury

A. IDENTIFYING INFORMATION

EMPLOYEE	County of Injury		Address		
Employee E-mail			City	State	Zip Code
EMPLOYER	Name		**INSURER/ SELF-INSURER**	Name	
Address			**CLAIMS OFFICE**	Name	
			Address		
City	State	Zip Code	City	State	Zip Code
Employer E-mail			Claims E-mail		

B. NOTICE

Notice is hereby given that: _____
(Print Name of Provider)

Address			Phone	
City	State	Zip Code	E-mail	

has made payments or provided medical services in the amount of $ _____ on the employee's behalf for medical treatment, and desires to be made a party at interest in this claim in order to demonstrate that the employer/workers' compensation carrier are responsible for reimbursement for funds so expended, should liability be established under Title 34-9.

C. CERTIFICATION

❑ I hereby certify that I have sent a copy of this form to all parties and counsel in this claim, and to the State Board of Workers' Compensation, 270 Peachtree Street, N.W., Atlanta, Georgia 30303-1299

Print Name Here	Signature	Date

Phone	E-mail	GA Bar number

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT http://www.sbwc.georgia.gov

WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO $10,000.00 PER VIOLATION (O.C.G.A. §34-9-18 AND §34-9-19).